



**2005 GULF AND SOUTH ATLANTIC STATES
SHELLFISH CONFERENCE REGISTRATION FORM
RADISSON PLAZA HOTEL - MYRTLE BEACH, SOUTH CAROLINA
MAY 22-25, 2005**

Name _____ Title: _____
(last, first, MI)
Organization Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ FAX: (_____) _____
Email: _____

REGISTRATION FEES (Registration Deadline April 22, 2005):

\$ _____ Full Conference Registration \$150 (After April 22-\$210)
Includes 3 Breakfasts, 4 Breaks, 2 Lunches, Welcome Reception, and 1 Dinner Buffet.
\$ _____ Daily Registration Fee \$85
Includes Breakfast, Breaks, & Lunch scheduled on day selected. (see attached agenda).
Day Attending: Monday _____ Tuesday _____
\$ _____ Extra Guest Tickets: Reception \$20 each / Dinner Buffet \$45 each
\$ _____ TOTAL ENCLOSED

HOST: South Carolina Department of Health and Environmental Control
Please return this registration form along with your check made payable to SCDHEC by April 22 to the address below:

Shellfish Sanitation Program
SC Dept. of Health & Environmental Control
2600 Bull Street
Columbia, SC 29201

Attn: Ida Brittingham

Please note "2005 G&SASSC" on your check!

